



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9766

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/749,675 | <b>FILING OR 371(c) DATE</b><br>12/30/2003<br><b>RULE</b> | <b>CLASS</b><br>433 | <b>GROUP ART UNIT</b><br>3732 | <b>ATTORNEY DOCKET NO.</b><br>1985US2 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

## APPLICANTS

Clifford J. Snyder, Fort Collins, CO;  
 Gary L. Sokol, Longmont, CO;  
 Roberta L. Callaghan, Fort Collins, CO;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,300 12/31/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/03/2004

|  |   |                               |                             |                           |                                |
|--|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met            | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>CO | <b>SHEETS DRAWING</b><br>18 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   |                               |                             |                           |                                |

## ADDRESS

20686

## TITLE

Hand held oral irrigator

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1344 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|